

Guidelines

New Hampshire Health-Care Provider Guidelines For TB Risk Assessment

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A tuberculin skin test is done to find persons with tuberculosis disease or latent tuberculosis infection (LTBI) who would benefit from treatment. Only people who are at risk for tuberculosis (TB) need testing. If a test is needed, a Mantoux (not multi-puncture such as Tine) skin test should be given because it is the most accurate test available. A history of BCG vaccination (unless given in the previous 12 months) should not influence the need for or interpretation of a test. Persons who test positive should have a chest x-ray and medical evaluation for treatment. The following questions can be used to determine the need for a skin test.

Have you ever had a positive TB skin test in the past? *(There is no need to repeat the test if documentation can be supplied.)* **Yes No**

Date: _____ Place: _____

If any of the following are answered "yes", a tuberculin skin test should be considered.

Do you have persistent (3 weeks) signs or symptoms of active TB? **Yes No**

Cough Fever Loss of appetite
Hemoptysis Chest Pain Overwhelming fatigue
Night sweats Unexplained weight loss

Have you lived with or spent time with anyone who possibly has or had tuberculosis? **Yes No**

Were you or anyone living in your household born in or have you worked in or traveled extensively to an endemic country (e.g. Asia, Middle East, Africa, Latin American, Eastern Europe)? **Yes No**

Countries listed below are currently **low incidence** areas:

(Note: this list may change with time. Updated rates available from the World Health Organization at www.int/gtb/publications/index.html.)

America Samoa Finland Ireland Malta St. Kitts
Australia France Italy Monaco San Marino
Belgium Germany Jamaica Netherlands Sweden
Canada Greece Liechtenstein New Zealand Switzerland
Denmark Iceland Luxembourg Norway United Kingdom
Virgin Islands

Do you have any medical conditions (e.g. HIV, dialysis, transplants) or are you being treated with any medications (e.g. steroids, cancer chemotherapy) that might suppress your immune system? **Yes No**

Is this a child who has regular (daily) contact with adults who are in any of the above risk groups? Yes No

Skin Test Recommended: Yes No

Tuberculin Skin Test Results

I agree to have a tuberculin skin test given to me. The purpose, risks and benefits of the test have been discussed with me. I am available in 48-72 hours to have the test read. I have not had a live virus vaccine in the past six weeks.

Patient Signature/ Parent or Guardian Date

Date planted: ____/____/____ Arm: _____

Administered By: _____

Date read: ____/____/____ Read By: _____

Manufacturer: _____ Lot #: _____

Result: _____ mm (Record actual mm. of induration, transverse diameter; if no induration, write 0)

Interpretation (based on mm of induration as well as risk factors): positive
negative

Chest x-ray and medical evaluation (required if tuberculin skin test is positive):

Date of chest x-ray: ____/____/____ normal abnormal

Report: _____

Treatment Recommended: yes no

Name of medication ordered: _____ Date Started: ____/____/____

Date completed: ____/____/____

Please give a copy of this record to the patient to keep for his/her records. If this test has been interpreted as positive, you will never need another skin test, but you will need this documentation to show your health-care providers in the future. You will need a chest x-ray and medical evaluation for treatment of your infection to prevent you from becoming seriously ill in the future.